

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Adair or Liberty Registration District No. 978 File No. 44174  
Township Ninth or Liberty Primary Registration District No. 5008 Registered No. \_\_\_\_\_  
Village \_\_\_\_\_ or \_\_\_\_\_ City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME George Galowicki

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED OR DIVORCED single  
(Write the word)

6 DATE OF BIRTH March (Month) 23 (Day) 1880 (Year)

7 AGE 33 yrs. 8 mos. 23 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Miner  
(b) General nature of industry, business, or establishment in which employed (or employer) Coal mining

9 BIRTHPLACE (City or town, State or foreign country) Austria

PARENTS  
10 NAME OF FATHER John Galowicki  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Austria  
12 MAIDEN NAME OF MOTHER Mary Barani  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Austria

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
Informant McHester  
(Address) Naviger Mo.

Filed Dec 20 1918 J. J. Lushinski  
McMum Registrar

2 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec (Month) 14 (Day) 1918 (Year)

17 I HEREBY CERTIFY, that I attended deceased from Dec 8, 1918, to Dec 14, 1918, that I last saw him alive on Dec 13, 1918, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH\* was as follows:  
Lobar Pneumonia  
10  
(Duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) Influenza  
(Duration) — yrs. — mos. 7 ds.

(Signed) R. R. Ellis M. D.  
Dec 14, 1918 (Address) Naviger

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Naviger Penn DATE OF BURIAL Dec 16, 1918

20 UNDERTAKER: N. B. Williams ADDRESS Naviger Mo

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association.]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



70/36

Provincia: Polonia  
Status: Cracoviensis  
Parochia: Chmudw

Dioecesis: Cracoviensis  
Decanatus: Novi-Montis  
Parochia: Bryczyna

# Testimonium copulationis.

E Libro Copulorum parochiae Bryczyna pro Bryczyna  
tom XII pag. 104 N. serial. 43

anno Domini Millesimo nonagesimo octavo / 1908 /  
mense Julii die  
octava in ecclesia paroch. in Jaworzno copulati sunt

SPONSUS				SPONSA				TESTES	
Nomen et cognomen, eius ac parentum, nomen, cognomen, atque conditio; item eius locus nativitatis et habitiois	Religio	Aetas	Caelibs vel Vidus	Nrus domus	Nomen et cognomen, eius ac parentum nomen, cognomen, atque conditio; item eius locus nativitatis et habitiois	Religio	Aetas	Caelibs vel Vidua	Eorum Nomen Cognomen et Conditio
<u>Adalbertus Jablonski</u> <u>fid. fil. Joannis et Mariae Parameatis in Jaworzno</u>	<u>rom-cath.</u>	<u>16/IV. 1885</u>	<u>caelibs</u>		<u>Maria Anna Constantina (b. nom.) Szosepanik</u> <u>fil. Marci et Victorine Dziolek nat. in Bryczyna</u>	<u>rom-cath.</u>	<u>3/VI. 1892</u>	<u>caelibs</u>	<u>Franciscus Lesi et Feliks Warszewicz</u>

Matrimonium benedixit R.D. Ladislaus Galus

Extractum hunc cum suo Originali concordari testatur Officium Parochiale ad Bryczyna

Bryczyna, die 2/VIII. 1908



Parochus  
[Signature]  
pro parochia

STATE OF ILLINOIS)

COUNTY OF COOK )

ss. Frank and Albert Jalowiecki of the  
City of Chicago, County of Cook and

the State of Illinois, being duly sworn, depose and say,  
that Albert (George) Jalowiecki was our lawful father and  
he lived with us in Novinger, Missouri until his death  
on December 14, 1918.

affiants: Albert Jalowiecki

Frank Jalowiecki

address: 900 N. Avers Ave.

1

Subscribed and sworn to before me this 28<sup>th</sup> day of  
September, A.D. 1936.

Ernest Deagonetti

NOTARY PUBLIC

My commission expires Dec 23-1936